Update on the switch and IPV supply
Current IPV introduction status

100/126 have introduced to date

* Including partial introduction in India

6 additional introductions planned in 2016

- Introduced to date (168 countries or 87%)
- Formal commitment to introduce in 2016 (6 countries or 3%)
- Introduction delayed in 2017 (20 countries or 10%)
- Not available
- Not applicable
The IPV supply is constrained

- Chronic challenges due to problems with scale-up and manufacturing processes
- About 40% less IPV available than what was awarded through the initial UNICEF tender in 2014
- The IPV supply constraints are expected to remain dynamic until at least 2018 and will continue to be closely monitored by UNICEF and WHO
IPV supply situation (1, 5 + 10 dose)
April 2016, prior to adjustments
Principles for managing the IPV supply

The Polio Oversight Board, which is made up of the heads of agencies of GPEI partners agreed to the following:

1. Ensure adequate IPV supply to meet current and future needs of Afghanistan, Pakistan to ensure interruption of WPV transmission

2. Sustain use of IPV in routine immunization programme in highest risk (tier 1 and Tier 2) countries

3. Ensure sufficient quantities of IPV are available for outbreak response post-Switch.

4. Provide clarity to tier 3 and 4 countries regarding supply availability so they can plan, avoiding ad-hoc delays
~45 countries (22% of birth cohort) delayed to Q4/2017

<table>
<thead>
<tr>
<th>Delayed introductions Tier 3</th>
<th>Tier 4</th>
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<td>Angola</td>
<td>Ghana</td>
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<td>Burkina Faso</td>
<td>Malawi</td>
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<td>Eritrea</td>
<td>Rwanda</td>
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<td>Liberia</td>
<td>Tanzania</td>
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<td>Sierra Leone</td>
<td>Togo</td>
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<td>Egypt</td>
<td>Zimbabwe</td>
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<td>Turkmenistan*</td>
<td>Zambia</td>
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<td>Tajikistan</td>
<td>Kyrgyzstan*</td>
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<td>Vietnam</td>
<td>Moldova*</td>
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<td>Uzbekistan</td>
<td>Mongolia</td>
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<td>Cape Verde</td>
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<td>Cote d’Ivoire</td>
<td>Comoros</td>
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<td>Guinea Bissau</td>
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<td>Senegal</td>
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<td>Sudan</td>
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<td>Iran</td>
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<td>Bangladesh</td>
<td>Swaziland</td>
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<td>Nepal</td>
<td>Djibouti</td>
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<td>DPRK</td>
<td>Bhutan</td>
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<td>Nepal</td>
<td>Maldives</td>
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<td>Nepal</td>
<td>Namibia</td>
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* one dose presentation

** Pacific islands includes supply to 14 countries/territories: Of which 8 are provided IPV through UNICEF procurement: Cook Islands, Fiji, Kiribati, Nauru, Samoa, Solomon Islands, Tonga, and Vanuatu. Three countries (Niue, Tokelau, Tuvalu) have switched to full IPV schedule, whilst three countries (Republic of Marshall Islands, Federated States of Micronesia and Palau) receive IPV supplies through United States of America.**
IPV supply situation, after adjustments are made (June 2016)
Ensuring risks to countries are mitigated

- Population immunity against type 2 is high in the countries that are delayed (strong RI programs)
- IPV’s role is to prime populations in case of emergence of type 2 vaccine-derived polioviruses
- Surveillance will be in place to identify both type 2 cases or environmental isolates
- A type 2 outbreak response protocol, for the launch of a response within 14 days has been developed
- A global stockpile of mOPV2 as well as an IPV outbreak response reserve are available
The ‘Switch’

• Three type of Wild Polio Viruses-- Type 2 last seen in 1999
  • Type 2 Certified as ‘eradicated’ in September 2015

• Global withdrawal of OPV type 2
  • Occurred April 17-May 1, 2016
  • All 155 countries/territories using trivalent OPV switched to bivalent OPV in a synchronized manner
Switch progress over time

Global map showing when countries stopped using tOPV
Switch progress over time
## The Switch: An Update

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
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<tr>
<td><strong>Countries no longer using tOPV in RI</strong></td>
<td>155/155 (100%)</td>
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<td><strong>Independent monitoring has started</strong></td>
<td>152/152* (100%)</td>
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<td><strong>National Validation Committee has received switch monitoring data</strong></td>
<td>151/152* (99%)</td>
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<tr>
<td><strong>WHO Regional Office has received the National Validation Report</strong></td>
<td>150/155 (97%)</td>
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*Three countries moved to an IPV only schedule before the switch and thus did not need complete monitoring or validation activities for tOPV removal. Israel, Malaysia, Poland.*
Creative launches and materials

Official switch launch event and online “countdown” to switch - Paraguay

Vaccine parade during Vaccination Week in the Americas - Guatemala

Switch handbooks for HWs – Indonesia, Philippines
Using social media and apps

Use of social media – Philippines

Monitoring mobile application – Jordan, Lebanon, Tunisia (developed by UNICEF MENA)

Use of SMS/WhatsApp reminders – Nigeria, Ghana, Kenya (and others)
Safely disposing tOPV

Boiling in large drums and burying - **Nigeria**

Encapsulation and burial using safety boxes – **Madagascar** (above) and in concrete drums - **Myanmar** (right)

Country designed switch stickers and disposal bags – **Jamaica, Nigeria, Philippines, China, Pakistan** (and others)
Global Monitors

- Deployment of 33 global observers to 21 countries
- Reported high levels of commitment and enthusiasm for the switch
- Smooth execution in nearly all countries visited
- In large/complex countries, 2 weeks window was tight
- Training needs to start earlier
- Cold chain limitations (both in equipment and practices) were noted
Independent Monitoring: Ensuring no tOPV is left behind

265 Central stores visited (100%)

3,411 Regional stores visited (98%)*

15,379 District stores visited (90%)*

139,558 Health Facilities visited

Total sites visited: 158,613

Information is representative of 145 countries for which data is currently available

*Denominator may include sites not stocking tOPV
Executing the Switch: Keys to success

1. **Strong partnership, coordination**, and collaboration at all levels, and across all GPEI partners

2. **Clear distribution of roles and responsibilities** among partner agencies at all levels

3. **Country and regional leadership and ownership**

4. **Defined timeframe**: Agreed upon global switch window

5. **Timely dissemination** of information, guidance and situation updates

6. **Dedicated funding** to catalyse country efforts
What’s next?

- Capturing lessons learned to inform full OPV withdrawal
  - Review and synthesis of findings from national validation reports, trip reports submitted by global “observer/monitors”
  - A journal supplement (Journal of Infectious Diseases) will document the lessons learned from the work of the IMG (objective 2)
  - A photo story is under development
    http://maps.who.int/OPV_switch/
  - Video stories being produced by several regional offices
THANK YOU / MERCi

For more information:
http://www.who.int/immunization/diseases/poliomyelitis/inactivated_polio_vaccine/en/
Financial support

• A total of **US$ 19.4 million** was provided to **67 countries** to assist with switch planning, implementation, monitoring and validation and tOPV disposal activities

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<th>Percentage of total national switch budgets supported by GPEI</th>
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<td>&lt; 50%</td>
<td>25 countries</td>
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<td>50 - 75%</td>
<td>22 countries</td>
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<tr>
<td>75 - 90%</td>
<td>12 countries</td>
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<tr>
<td>&gt; 90%</td>
<td>3 countries</td>
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*note: total national budgets are only known for 62 countries*

• Close review and follow up on country budgets and strong encouragement of national financial commitment allowed for a savings of **US$ 4.3 million** of GPEI funds